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to a collection of information united it displays a visid OMB control number.

	PATI	ENT APPLIC	ATION	FEE DETER	RMINATIO	N RECORD		Applicat	ion or Dockst Mu	mber
			Substitute for Form PTO-875 MS AS FILED - PART I (Column 2) SMALL ENTITY OR SMALL ENTITY NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE							
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
	G FEE FR 1.16(a))			_			.	OR		
YOTAL CLAIMS D7 CFR 1.16(d)			minus 20 =					OR	X 2*	
WDE	PENDENT CLAW	is .	minus 3 •		1.			OR	X 8_ =	
<u> </u>	FR 1.16(b))			7 CFR 1.18(d))		X		o _R		
_		NT CLADM PRESEN				تــــنا ا		1		
. 8 0	ve difference in a	okymn 1 is tess (N4	n zero, en	ter "O" in column 2	2.	TOTAL] os	TOTAL	
	, , a	AIMS AS AMI	ENDED	- PART II						
16	2/13/04	(Column 1)		(Cotumn 2)	(Column 3)	SMAL	ENTITY	OR		
4 17		CLAIMS REMAINING AFTER AMENDHENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
MENT	Total	ARENDMENT	Minus	-16	•	73.	1	1 🔐		
END	(DF CFR L/16/2) Independent (DF CFR L/16/2)	• •	Minus	- 2	•			1 7		
AME				<u></u>		X 8	+	ØR		
^	FIRST PRESENT	ATION OF MULTIPLE	EOEPEND	DIT CLASH (37 CF	R 1.16(Q)	TOTAL		- I OR	TOTAL	
a	occured o	25/18	106			ADD'T FEE		_ OR	ADOL FEE	
1/0	DUMA U	(Cotumn 1)	100	(Column 2)	(Cotumn 3)			_		
ENT B	5/12/04	CLABAS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total OF OF A 1.18(4)	30	Minus	- 20	· 100 9	x:25.	1	OR	x = 50 -	450.00
N	independent (37 GFR 1,18(3))	• 4	Minus	- 2	= /	x . 160 -		OR.	x = 200 =	2000
AMENDM		ATION OF MULTIPL	E CEPENCI	FAT CLAM OTC	R 1.16(0)	+.180.		OR	+3 •	SMALL ENTITY RATE FEE TOTAL OTHER THAN SMALL ENTITY RATE ADDITIONAL FEE TOTAL OTAL DOTAL FEE SOTAL DOTAL FEE SOTAL DOTAL FEE SOTAL FEE
	PAGI PRESCRI	Allow or Bactive				TOTAL ADOL FEE		o _R	TOTAL ADD'L FEE	650.00
		(Column 1)		(Column 2)	(Column 3)			_		
AMÉNDMENT C	6/8/0%	CLABMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL
ME	Total (2) OFE LINEDS	29	Minus	7.9		1		OR	x \$=	
2	budependent (pr offit 1.16(b))	• 11	Minus	- 41	. —			OR.	× 5_=	
ME		4			20 4 455400		1] ~		
~	FIRST PRESENT	ATION OF MARTIPA	E DEPERO	ENI CLAM (17 C	W 1.10(0)	TOTAL			TOTAL	
1		-		y in column 2, wif		ADD'L FEE		_] ∞	ADD'L FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tatto 12 minutes to complete, including genering, preparing, and submitting the completed explication form to the USPTO. Time will vary depending upon the individual cases. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Crief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SERIO TO: Commerce for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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